RI SOS Filing Number: 201748099710 Date: 7/31/2017 4:00:00 PM

Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
30447	**THE TRUSTEES FOR THE EPWORTH UNITED METHODIST CHURCH**
3. State of Incorporation **RHODE ISLAND**	5. Brief description of the character of business conducted in Rhode Island **RELIGIOUS**
4. NAICS Code **813110 - Religious Organizatior**	

6. Principal Office Address	City	State	Zip
915 NEWPORT AVENUE	**PAWTUCKET**	**RI**	**02861**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **KENNETH MATTESON**			Vice-President Name **ROBIN HARRIS**		
Street Address **140 HIGHLAND AVENUE**			Street Address **24 CHANTILLY COURT**		
City **COLUMBUS**	State **RI**	Zip **02864**	City **SEEKONK**	State **MA**	Zip **02771**
Secretary Name **DOROTHY HANIFORD**			Treasurer Name **BARBARA GILLESPIE**		
Street Address **70 WITTIER ROAD**			Street Address **39 SARATOGA AVENUE**		
City **PAWTUCKET**	State **RI**	Zip **02861**	City **PAWTUCKET**	State **RI**	Zip **02861**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **WILLIAM BISHOP**			Director Name **LINDA BRADY**		
Street Address **53 DAWSON STREET**			Street Address **31 MARLAINE DRIVE**		
City **PAWTUCKET**	State **RI**	Zip **02861**	City **SEEKONK**	State **MA**	Zip **02771**
Director Name **PAUL GOUDREAU**			Director Name **ARTHUR PRESCOTT**		
Street Address **912 NEWMAN AVENUE**			Street Address **45 MAPLEWOOD DRIVE**		
City **SEEKONK**	State **MA**	Zip **02771**	City **PAWTUCKET**	State **RI**	Zip **02861**

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Barbara Gillespie	**06/26/2017**

Signature of Officer/Authorized Representative: Barbara Gillespie

FILED
JUL 31 2017
BY ____

5106 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040